

LDS3-2221A (Rev. 09/2016) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT

REPORT DATE **3-12-19** CASE ID **32445944** CALL ID **32445944**
TIME **3:04** ☐ AM ☒ PM LOCAL CASE # LOCAL DIST./AGENCY

Joseph T220

SUBJECTS OF REPORT										
Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birthdate or Age mo/day/yr	Race code	Ethnicity (Ck only if hispanic/latino)	Relation code	Role code	Lang. code
1.	Valva	Anthony		M	-09		<input type="checkbox"/>			
2.	Valva	Thomas		M			<input type="checkbox"/>			
3.	Valva	Andrew		M			<input type="checkbox"/>			
4.	Valva	Michael					<input type="checkbox"/>			
5.	Valva	Angela					<input type="checkbox"/>			
6.	Valva	Michael					<input type="checkbox"/>			
7.	Valva	Michael					<input type="checkbox"/>			

List addresses and telephone numbers (using line numbers from above) ☐ MORE (Area code) Telephone No.

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input checked="" type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input checked="" type="checkbox"/> Emotional neglect
<input type="checkbox"/> Lacerations/bruises/welts	<input type="checkbox"/> Malnutrition/failure to thrive	<input type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. (If known, give time/date of alleged incident)

MO **march** DAY **11** YR **2019** Time **2:15** ☐ AM ☒ PM

Child displayed behavior unlike himself due to parental stress

☒ Additional sheet attached with more explanation. The Mandated Reporter Requests Finding of Investigation ☒ YES ☐ NO

CONFIDENTIAL **SOURCE(S) OF REPORT** **CONFIDENTIAL**

NAME **Nicole Papa** (Area Code) TELEPHONE **631-878-0162** NAME **East Moriches UFSD** (Area Code) TELEPHONE

ADDRESS **523 Montauk Hwy, E. Moriches** ADDRESS

AGENCY/INSTITUTION **East Moriches UFSD** AGENCY/INSTITUTION

RELATIONSHIP

☐ Med. exam/coroner ☐ Physician ☐ Hosp. staff ☒ Law enforcement ☐ Neighbor ☐ Relative ☐ Instit. staff

☐ Social services ☐ Public health ☐ Mental health ☒ School staff ☐ Other (specify)

For use by Physicians only MEDICAL DIAGNOSIS ON CHILD SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD (AREA CODE) TELEPHONE NO.

Hospitalization required: ☐ None ☐ Under 1 week ☐ 1-2 weeks ☐ Over 2 weeks

Actions taken or About to be taken ☒ Medical exam ☐ X-ray ☐ Removal/keeping ☐ Notify medical examiner/coroner

☐ Photographs ☐ Hospitalization ☐ Returning home ☐ Notified DA

SIGNATURE OF PERSON MAKING THIS REPORT: X TITLE DATE SUBMITTED mo. day yr.

To: Office of Children and Family Services 3/15/19

LDSS-2221A (Rev. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 3-12-19	CASE ID	CALL ID 32445944
TIME 3:04 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING
THIS REPORT:

Nicole Papa

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO March
DAY 11
YR 2019
Time 3:04 ☐ AM ☒ PM
1215

Anthony asked to get off the computer because the period was over. He became upset, ripped his multiplication crown & threw it in the garbage & was yelling & crying. He said - "I love my mom & dad", "I am done with this place", "I don't have to listen to you" and "I want to go home with mom & dad. I spoke to him and calmed him down. - This behavior has never occurred in the almost 2 years I know him. These are not words he would normally use.

FD-1022 (Rev. 09/2016) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

REPORT DATE 3-13-19	CASE ID	CALL ID 32448839
TIME 5:54	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE # LOCAL DIST./AGENCY

SUBJECTS OF REPORT

List all children in household, adults responsible and alleged subjects. Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birthdate or Age mo/day/yr	Race code	Ethnicity (Ck only if hispanic/latino)	Relation code	Role code	Lang. code
1.	Valva	Michael		m	~40	WH	<input type="checkbox"/>	PA	AS	EN
2.	Pollina	Angela		f	~40	WH	<input type="checkbox"/>	PS	AS	EN
3.	I	M		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
4.	I	D...		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
5.	Valva	Anthony		m	09	WH	<input type="checkbox"/>	CH	MA	EN
6.	Valva	Thomas		m	/11	WH	<input type="checkbox"/>	CH	UK	EN
7.	Valva	Andrew		m	/13	WH	<input type="checkbox"/>	CH	UK	EN

☒ MORE

List addresses and telephone numbers (using line numbers from above) 11 Bittersweet Ln. Center Moriches, NY 11934	(Area code) Telephone No. 5165823419

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input checked="" type="checkbox"/> Emotional neglect
<input type="checkbox"/> Lacerations/bruises/welts	<input checked="" type="checkbox"/> Malnutrition/failure to thrive	<input checked="" type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input checked="" type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. Child refused to get off the bus. Once in the classroom, he stated that he had not had breakfast because he was just sitting there doing nothing. When asked where he was, he said "on the mattress". When asked where the mattress was, he said "in the garage". When asked if someone was with him, he said he was alone. When asked if it was

(If known, give time/date of alleged incident)

MO 3
DAY 11
YR 19

Time : ☐ AM ☐ PM
☒ Additional sheet attached with more explanation.
 ☐ The Mandated Reporter Requests Finding of Investigation
 ☒ YES
 ☐ NO

CONFIDENTIAL

SOURCE(S) OF REPORT

CONFIDENTIAL

NAME Jennifer Holborow	(Area Code) TELEPHONE 6318780162	NAME	(Area Code) TELEPHONE
ADDRESS 523 Montauk Hwy. East Moriches, NY 11940		ADDRESS	
AGENCY/INSTITUTION East Moriches Elementary School		AGENCY/INSTITUTION	

RELATIONSHIP

☐ Med. exam/coroner
 ☐ Physician
 ☐ Hosp. staff
 ☐ Law enforcement
 ☐ Neighbor
 ☐ Relative
 ☐ Instit. staff
☐ Social services
 ☐ Public health
 ☐ Mental health
 ☒ School staff
 ☐ Other (specify) _____

For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD Hospitalization required <input type="checkbox"/> None <input checked="" type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks	SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD X	(AREA CODE) TELEPHONE NO.
Actions taken or About to be taken	<input checked="" type="checkbox"/> Medical exam <input checked="" type="checkbox"/> X-ray <input checked="" type="checkbox"/> Removal/keeping <input checked="" type="checkbox"/> Notify medical examiner/coroner <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input checked="" type="checkbox"/> Returning home <input type="checkbox"/> Notified DA	DATE SUBMITTED mo day yr 3/15/19	

SIGNATURE OF PERSON MAKING THIS REPORT:

X *Jennifer Holborow*

TITLE

3rd grade teacher

(REV. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)
**REPORT OF SUSPECTED
 CHILD ABUSE OR MALTREATMENT**

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 3-13-19	CASE ID	CALL ID 32448839
TIME 5:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING
 THIS REPORT: Jennifer Holborow

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. warm or cold in the garage, he said cold. When asked who put him in the garage, he said mom. Then he said, "I'm not allowed to tell you about this."

This is not the first time he has mentioned being put in the garage. See my report from February 27 (call id #32423682), where he told me he was not allowed for "weeks and days" to be in his room because he had a toileting accident. He had to go in the garage "for weeks and days", because he "should have knocked on the door and used his words". This is also not the only time where he told us that he is not allowed to talk about something or cannot answer a questions because he has been told not to tell us.

Additionally, Anthony has been refusing to get off the bus each morning since 3/7/19. This new behavior started shortly after the father called the school asking if he could put Anthony in residential care and was told that was unlikely. The child was absent on 3/8/19, because according to the father, he doesn't like school and the school is "not the right fit" for Anthony. When the child was approached by school staff on 3/7/19 to get off the bus, he stated that he is not allowed to get off the bus because his mother (Angela Pollina) told him not to. He said he HAD TO kick and scream and say "You need to call my parents." He also said he was promised Chuck E. Cheese's if he did as he was told. He has refused to get off the bus each day since. He does get off the bus within a few minutes and for the most part, has a good day for the rest of the day.

(If known, give time/date of alleged incident)

MO 3
 DAY 11
 YR 19

Time 5:54 ☐ AM ☒ PM

LDSS-2221A (Rev. 09/2016) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

REPORT DATE	CASE ID	CALL ID
TIME : <input type="checkbox"/> AM : <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST./AGENCY

SUBJECTS OF REPORT										
Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birthday or Age mo/day/yr	Race code	Ethnicity (Ck only if hispanic/latino)	Relation code	Role code	Lang. code
1.	Valva,	Michael		M	~40	Wh	<input type="checkbox"/>	PA	AS	EN
2.	Pollina	Angela		F	~40	Wh	<input type="checkbox"/>	PS	AS	EN
3.	Anthony	Valva		M	109	Wh	<input type="checkbox"/>	Ch	NA	EN
4.	Thomas	Valva		M	11	Wh	<input type="checkbox"/>	Ch	NO	EN
5.	Andrew	Valva		M	113	Wh	<input type="checkbox"/>	Ch	NO	EN
6.	M	I		F	08	Wh	<input type="checkbox"/>	Ch	NO	EN
7.	D	I		F	108	Wh	<input type="checkbox"/>	Ch	NO	EN

☐ MORE

List addresses and telephone numbers (using line numbers from above)	(Area code) Telephone No.
① 11 Bittersweet Lane Center Moriches, NY 11934	(516) 582-3419

BASIS OF SUSPICIONS		
Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".		
<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input checked="" type="checkbox"/> Emotional neglect
<input type="checkbox"/> Lacerations/bruises/welts	<input checked="" type="checkbox"/> Malnutrition/failure to thrive	<input checked="" type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input checked="" type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.	(If known, give time/date of alleged incident)
	MO DAY YR
<input checked="" type="checkbox"/> Additional sheet attached with more explanation.	The Mandated Reporter Requests Finding of Investigation <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE		
Jean Rakowski	(631) 878-0162				
ADDRESS		ADDRESS			
523 Montauk Hwy E. Moriches 11940					
AGENCY/INSTITUTION		AGENCY/INSTITUTION			
East Moriches UFSD					

RELATIONSHIP						
<input type="checkbox"/> Med. exam/coroner	<input type="checkbox"/> Physician	<input type="checkbox"/> Hosp. staff	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Relative	<input type="checkbox"/> Instit. staff
<input type="checkbox"/> Social services	<input type="checkbox"/> Public health	<input type="checkbox"/> Mental health	<input checked="" type="checkbox"/> School staff	<input type="checkbox"/> Other (specify)		

For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD	SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD	(AREA CODE) TELEPHONE NO.
	Hospitalization required <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		
Actions taken or About to be taken	<input checked="" type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Removal/keeping <input type="checkbox"/> Notify medical examiner/coroner	<input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning home <input type="checkbox"/> Notified DA	
SIGNATURE OF PERSON MAKING THIS REPORT:		TITLE	DATE SUBMITTED mo. day yr.
x Jean Rakowski		Special Education Teacher	3/15/19

LDSS-2221A (Rev. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE	CASE ID	CALL ID
TIME : <input type="checkbox"/> AM : <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING
THIS REPORT:Jean Rakowski

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO
DAY
YRTime : ☐ AM ☐ PM

- 2/26 - Dad inquired about residential placement
- 2/27 - Anthony stated that he urinated himself bc he was in the garage and was not allowed in his room.
- 3/6 - Mr. Valva called to report Anthony absent bc "He hates school, he's stressed out".
- 3/7 Anthony refused to get off the bus. He stated "I have to kick and scream if you try to take me off the bus" "Mommy will take me to Chuck E Cheese if I don't get off the bus. It's our secret." (He did not kick & scream)
- 3/8 Anthony did kick and scream and refused to get off the bus. When asked "who told you to kick and scream?" Anthony replied "My parents."
- 3/11 Anthony needed to be coaxed off the bus, saying "Mommy said I can't get off the bus". In class, he stated that he didn't have breakfast bc he was "on the mattress." He stated that the mattress was in the garage and that it was cold in the garage. He stated he was alone in the garage, and that Mommy told him to go on the mattress.
- 3/11-3/15 - Anthony continues to require coaxing to get off the bus. Once he is in class, he is fine.

LDSS-2221A (Rev. 09/2016) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

REPORT DATE 3/18/19	CASE ID	CALL ID 32456297
TIME 3:04	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE # LOCAL DIST./AGENCY

SUBJECTS OF REPORT

List all children in household, adults responsible and alleged subjects.				Sex	Birthday or Age	Race	Ethnicity	Relation	Role	Lang.
Line #	Last name	First name	Aliases	(m, f, unk)	mo/day/yr	code	(Ck only if hispanic/latino)	code	code	code
1.	Valva	Michael		m	~40	WH	<input type="checkbox"/>	PA	AS	EN
2.	Pollina	Angela		f	~40	WH	<input type="checkbox"/>	PS	AS	EN
3.	I	M		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
4.	I	D		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
5.	Valva	Anthony		m	/09	WH	<input type="checkbox"/>	CH	MA	EN
6.	Valva	Thomas		m	/11	WH	<input type="checkbox"/>	CH	UK	EN
7.	Valva	Andrew		m	/13	WH	<input type="checkbox"/>	CH	UK	EN

☒ MORE

List addresses and telephone numbers (using line numbers from above) 11 Bittersweet Lane, Center Moriches NY 11934	(Area code) Telephone No. 5165823419

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<u>5</u> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<u>5</u> Emotional neglect
<input type="checkbox"/> Lacerations/bruises/welts	<input type="checkbox"/> Malnutrition/failure to thrive	<input type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)
MO 3
DAY 18
YR 19

Time 3:04 ☐ AM ☒ PM

☒ Additional sheet attached with more explanation. | The Mandated Reporter Requests Finding of Investigation ☒ YES ☐ NO

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME Edward Schneyer	(Area Code) TELEPHONE 6318780162	NAME	(Area Code) TELEPHONE		
ADDRESS 523 Montauk Hwy, East Moriches NY 11940		ADDRESS			
AGENCY/INSTITUTION East Moriches Elementary School		AGENCY/INSTITUTION			
RELATIONSHIP					
<input type="checkbox"/> Med. exam/coroner <input type="checkbox"/> Physician <input type="checkbox"/> Hosp. staff <input type="checkbox"/> Law enforcement <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Instit. staff <input type="checkbox"/> Social services <input type="checkbox"/> Public <input type="checkbox"/> Mental health <input checked="" type="checkbox"/> School staff <input type="checkbox"/> Other (specify) _____					
For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD		SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD		(AREA CODE) TELEPHONE NO.
	Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		X		()
Actions taken or About to be taken: <input type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Removal/keeping <input type="checkbox"/> Notify medical examiner/coroner <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning home <input type="checkbox"/> Notified DA					
SIGNATURE OF PERSON MAKING THIS REPORT: X			TITLE Principal		DATE SUBMITTED mo. day yr. 3 / 18 / 2019

LDSS-2221A (Rev. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 3/18/19	CASE ID	CALL ID 32456297
TIME 3:04 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING
THIS REPORT: Edward Schneyer

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

This report is an addition to previous calls (ID 32354875, 32423682).

Michael Valva made a request to change Anthony's placement to a residential school. Our district did not agree and since then, there has been suspicious behavior by Anthony upon arrival each day. He is refusing to come off of the bus each morning and making statements that his parents are coaching him to do so and that there is a reward at home for that behavior. On 3/6 Mr. Valva agreed to parent training that was offered by the district.

3/7

-Anthony statements: "I am not allowed to get off of the bus, Mom and Dad told me that."
 - "Mom and dad said I am supposed to kick and scream, and say to call my mom and dad."
 - "Mommy and my secret- If I kick and scream she will pick me up to go to Chuck-E-Cheeses."
 - After calling Angela Pollina and hearing that he would not be in trouble for going to class he walked to class willingly. Angela said the reward was for the end of the day if he did not have a problem, Michael Valva said it was for the weekend. When asked if the reward occurred, Anthony says he is not allowed to talk about it.

3/8

- After talking with parents about the suspicious statements above, they were not made again by him the following morning. Instead he screamed erratically, "I am not getting off the bus, call my mom and dad. Don't talk to me, I don't want to come to school anymore."
 - Anthony reported later in the day that his mom and dad told him not to get off of the bus.

3/12

- Some difficulty getting off of the bus, at his request dad was notified that he was in class and doing well. Dad stated that he was going to pick him up, and was advised that there is no reason to do so, and taking him out of school when he is doing well would be detrimental.

3/15

- Michael Valva emailed the specialist providing parent training that her services will no longer be required.

3/18

- "I don't want to get off the bus, I want to call my mom."
 - Why don't you want to go to school? "I don't want to tell about these things."
 - Will mom be happy or sad when we call? "Happy." Why? "I don't want to tell you these things."
 - "Mom and Dad doesn't want me to go to school."
 - "I will be sad, because I don't want to tell you these things."
 - Later in the day he said, "I just have to get kicked out of school and mom will send me to a new school. I cant talk about these."

I feel that these statements are evidence that he is being coached to act like this. When the statements are shared with his parents that say it is not true and that he is making up stories

(If known, give time/date of alleged incident)

MO 3

DAY 18

YR 2019

Time : ☐ AM ☐ PM

LQSS-2221A (Rev. 09/2016) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT

REPORT DATE 5/14/19	CASE ID 3155742	CALL ID
TIME 12:31	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #
		LOCAL DIST./AGENCY

SUBJECTS OF REPORT										
Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birth day or Age mo/day/yr	Race code	Ethnicity (Ok only if hispanic/latino)	Relation code	Role code	Lang. code
1.	Valva	Michael		m	~40	WH	<input type="checkbox"/>	PA	AS	EN
2.	Pollina	Angela		f	~40	WH	<input type="checkbox"/>	PS	AS	EN
3.	I	M		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
4.	I	D		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
5.	Valva	Anthony		m	/09	WH	<input type="checkbox"/>	CH	MA	EN
6.	Valva	Thomas		m	/11	WH	<input type="checkbox"/>	CH	UK	EN
7.	Valva	Andrew		m	/13	WH	<input type="checkbox"/>	CH	UK	EN

☒ MORE

List addresses and telephone numbers (using line numbers from above)
11 Bittersweet Lane, Center Moriches NY 11934

(Area code) Telephone No.
5165823419

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input type="checkbox"/> Emotional neglect
<input checked="" type="checkbox"/> Lacerations/bruises/welts	<input type="checkbox"/> Malnutrition/failure to thrive	<input type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO
DAY
YR

Time : 3:19

☒ AM ☐ PM

☒ Additional sheet attached with more explanation.

The Mandated Reporter Requests Finding of Investigation

☒ YES

☐ NO

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME Michelle Cagliano	(Area Code) TELEPHONE 8318780162	NAME		(Area Code) TELEPHONE	
ADDRESS 523 Montauk Hwy, East Moriches NY 11940		ADDRESS			
AGENCY/INSTITUTION East Moriches Elementary School		AGENCY/INSTITUTION			
RELATIONSHIP					
<input type="checkbox"/> Med. exam/coroner	<input type="checkbox"/> Physician	<input type="checkbox"/> Hosp. staff	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Relative
<input type="checkbox"/> Social services	<input type="checkbox"/> Public	<input type="checkbox"/> Mental health	<input checked="" type="checkbox"/> School staff	<input type="checkbox"/> Other (specify)	
For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD	SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD		(AREA CODE) TELEPHONE NO.	
Hospitalization required <input type="checkbox"/> None <input checked="" type="checkbox"/> Under 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> Over 2 weeks					
Actions taken or About to be taken		<input checked="" type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Removal/seeping <input type="checkbox"/> Notify medical examiner/coroner <input checked="" type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning home <input type="checkbox"/> Notify DA			
SIGNATURE OF PERSON MAKING THIS REPORT: x Michelle Cagliano		TITLE Teacher		DATE SUBMITTED mo. day yr. 5/15/19	

LDSS-2221A (Rev. 09/2018) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 5/14/19	CASE ID 32557621	CALL ID
TIME 12:31 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING
THIS REPORT:Michelle Cagliaro

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

See attached

(If known, give time/date of alleged incident)

MO
DAY
YRTime : ☐ AM ☐ PM

On Monday, May 13th at approximately 9:15 am, Thomas arrived to my classroom. Upon greeting him at the door, I noticed a raised, bruised bump on the upper part of his forehead on the right-hand side.

I asked Thomas what happened, and he said, "Maybe someone threw a backpack at me." I asked Thomas who threw the backpack at him, and he replied he didn't know. Upon pressing him for information, he admitted that, "Dad threw the backpack at me." I asked him what had happened that the backpack was thrown at him and he said, "I don't know, maybe I didn't do my responsibilities." I sent Thomas to the nurse for ice, at which point Thomas repeated the same story to the nurse. A phone call went home to dad by the nurse, and dad stated that Thomas' brother threw the backpack at him.

I re-questioned Thomas again at the end of the day in order to ensure that his story was consistent, and he repeated the same information. Dad threw the backpack at him.

The following morning, I received an email from Mr. Valva (see below).

Michael V <majorkin66@yahoo.com>

Tue 5/14/2019 8:51 AM

Good morning

I hope you had a great Mother's Day. I have a quick question for you. This morning I went in. Thomas's backpack I saw a plant in there. The reason I empty out is because we're his backpack was I saw bugs and ants so I opened it I was shocked to see a plant not sure where it came from I do know there was a plant sale. He's telling me Stacy Bartholomew gave him a plant for free. Could you please enlighten me and let me know if this is true. I'm available anytime today if you'd like to call me to discuss.

I followed up with a phone call to Mr. Valva to discuss the plant in the backpack. I explained that there was a substitute teacher in the classroom on Friday, the day of the plant sale, and I wasn't sure how he received a plant but I would try to find out if I saw the sub at school.

At approximately 10:00 on May 14th, Thomas approached me and said his hand really hurt. I looked at it and didn't see any visible injuries. I asked him why he thought it hurt, and he stated, "I don't know maybe someone squeezed it." I asked him who squeezed it and he said, "Maybe dad squeezed it." I asked him why and he said, "Because I peed." I asked Thomas when this happened and he said this morning. I asked Thomas if he needed to see the nurse, but he declined.

At 12:31pm on 5/14/19 I placed the call to CPS to report this information.

LDS3-2221A (Rev. 09/2018) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

REPORT DATE 6/7/19	CASE ID	CALL ID 32601146
TIME 11:48	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LOCAL CASE # LOCAL DIST./AGENCY

SUBJECTS OF REPORT										
List all children in household, adults responsible and alleged subjects.				Sex	Birthdate or Age	Race	Ethnicity	Relation	Role	Lang.
Line #	Last name	First name	Aliases	(m, f, unk)	mo/day/yr	code	(Ck only if hispanic/latino)	code	code	code
1.	Valva	Michael		m	~40	WH	<input type="checkbox"/>	PA	AS	EN
2.	Pollina	Angela		f	~40	WH	<input type="checkbox"/>	PS	AS	EN
3.	li	M		f	1/08	WH	<input type="checkbox"/>	CH	UK	EN
4.	I	D		f	/08	WH	<input type="checkbox"/>	CH	UK	EN
5.	Valva	Anthony		m	/09	WH	<input type="checkbox"/>	CH	MA	EN
6.	Valva	Thomas		m	/11	WH	<input type="checkbox"/>	CH	UK	EN
7.	Valva	Andrew		m	/13	WH	<input type="checkbox"/>	CH	UK	EN

☒ MORE

List addresses and telephone numbers (using line numbers from above)	(Area code) Telephone No.
11 Bittersweet Lane, Center Moriches NY 11934	5165823419

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<u>5</u>	Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking		Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care		Emotional neglect
<u>5</u> <input type="checkbox"/> Lacerations/bruises/welts	<input type="checkbox"/> Malnutrition/failure to thrive		Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse		Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<u>5</u> <input type="checkbox"/> Inadequate guardianship		Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____		Parent's drug/alcohol misuse

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO 6

DAY 07

YR 19

Time 11:48 ☒ AM ☒ PM☒ Additional sheet attached with more explanation. The Mandated Reporter Requests Finding of Investigation ☒ YES ☐ NO

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE		
Jennifer Holborrow	6318780162				
ADDRESS		ADDRESS			
523 Montauk Hwy, East Moriches NY 11940					
AGENCY/INSTITUTION		AGENCY/INSTITUTION			
East Moriches Elementary School					
RELATIONSHIP					
<input type="checkbox"/> Med. exam/coroner	<input type="checkbox"/> Physician	<input type="checkbox"/> Hosp. staff	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Relative
<input type="checkbox"/> Social services	<input type="checkbox"/> Public	<input type="checkbox"/> Mental health	<input checked="" type="checkbox"/> School staff	<input type="checkbox"/> Other (specify)	
For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD	SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD		(AREA CODE) TELEPHONE NO.	
		X		()	
Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks					
Actions taken or About to be taken					
<input type="checkbox"/> Medical exam	<input type="checkbox"/> X-ray	<input type="checkbox"/> Removal/keeping	<input type="checkbox"/> Notify medical examiner/coroner		
<input type="checkbox"/> Photographs	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Returning home	<input type="checkbox"/> Notified DA		
SIGNATURE OF PERSON MAKING THIS REPORT:				DATE SUBMITTED	
X <i>J. Holborrow</i>				mo. day yr. 6 / 14 / 2019	
TITLE				Teacher	
				3rd Grade Teacher	

LDSS-2221A (Rev. 08/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 6/7/19	CASE ID	CALL ID 32601146
TIME 11:48 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING
THIS REPORT: Jenna Holborow /

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

On June 7, 2019, Anthony arrived at school and tried to sneak past me to get into the classroom. When I stopped him to say "Good morning", I noticed that his nose had several bright red abrasions, caked blood in both nostrils and was starting to swell at the bridge. When I asked him what happened to his face, he replied in a robotic, "My nose is just fine." three times in a row. My co teacher approached and asked him again, and he repeated that his nose was just fine. When she suggested going to the nurse, he screamed that he was not going and ran into the classroom. We informed the principal, Ed Schneyer and he requested that we call the parents and find out what had happened. Mrs. Rakowski called Mr. Valva's cell, and Mr. Valva reported that Anthony had woken up with a bloody nose that morning. When she asked about the abrasions, he repeated that Anthony had woken with a bloody nose and evaded any further details. Mrs. Rakowski could hear Mrs. Pollina in the background also asserting Anthony had woken up like that. When asked if they would let Anthony know it was ok to go to the nurse to get it cleaned up, Ms. Pollina got on the phone with Anthony. She told him to go to the bathroom and clean it himself, and if it kept bleeding he could go to the nurse. As the morning went on, the nose continued to swell, bleed and started to turn black and blue. We also noticed faint red line marks on the back side of both wrists, more pronounced on the right. I called both Anthony's caseworker and the Hotline #, and the caseworker came to see Anthony at 3:20 p.m. Dismissal is at 3:25.

(If known, give time/date of alleged incident)

MO 6

DAY 7

YR 2019

Time 11:48 ☒ AM ☐ PM

LDSS-2221A (Rev. 09/2016) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

REPORT DATE 11 / 19 / 2019		CASE ID	CALL ID 32848956
TIME 3 :48	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST./AGENCY

SUBJECTS OF REPORT

List all children in household, adults responsible and alleged subjects.				Sex	Birth day or Age	Race	Ethnicity	Relation	Role	Lang.
Line #	Last name	First name	Aliases	(m, f, unk)	mo/day/yr	code	(Ck only if hispanic/latino)	code	code	code
1.	Valva	Anthony		m	07/1/2009	WH	<input type="checkbox"/>	CH	AB	EN
2.	Valva	Thomas		m		WH	<input type="checkbox"/>	CH	AB	EN
3.	Valva	Andrew		m		WH	<input type="checkbox"/>	CH	NO	EN
4.	Valva	Michael		m		WH	<input type="checkbox"/>	CH	AS	EN
5.	Polina	Angela		f		WH	<input type="checkbox"/>	CH	AS	EN
6.	C	G		f		WH	<input type="checkbox"/>	CH	NO	EN
7.	I	M		f		WH	<input type="checkbox"/>	CH	NO	EN

☒ MORE

List addresses and telephone numbers (using line numbers from above) 11 Bittersweet Lane Center Moriches, New York 11934	(Area code) Telephone No. (516) 582 - 3419
	() -
	() -

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/fatality	<input type="checkbox"/> Poisoning/noxious substances	<input type="checkbox"/> Swelling/dislocation/sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Choking/twisting/shaking	<input type="checkbox"/> Educational neglect
<input type="checkbox"/> Internal injuries (e.g., subdural hematoma)	<input type="checkbox"/> Lack of medical care	<input type="checkbox"/> Emotional neglect
<u>1,2</u> <input type="checkbox"/> Lacerations/bruises/welts	<u>1,2</u> <input type="checkbox"/> Malnutrition/failure to thrive	<u>1,2</u> <input type="checkbox"/> Inadequate food/clothing/shelter
<input type="checkbox"/> Burns/scalding	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Lack of supervision
<input type="checkbox"/> Excessive corporal punishment	<input type="checkbox"/> Inadequate guardianship	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Child's drug/alcohol use	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Parent's drug/alcohol misuse
<input type="checkbox"/> Sex Trafficking		

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. (If known, give time/date of alleged incident)

MO
DAY
YR

Time : ☐ AM ☐ PM

☒ Additional sheet attached with more explanation. ☐ The Mandated Reporter Requests Finding of Investigation ☒ Yes ☐ No

CONFIDENTIAL		SOURCE(S) OF REPORT		CONFIDENTIAL	
NAME Kelli Wilson	(Area Code) TELEPHONE No. (631) 878 - 0162	NAME Katelyn Boyle	(Area Code) TELEPHONE No. (631) 878 - 0162		
ADDRESS 523 Montauk Highway East Moriches, New York 11940		ADDRESS 523 Montauk Highway East Moriches, New York 11940			
AGENCY/INSTITUTION East Moriches Elementary School		AGENCY/INSTITUTION East Moriches Elementary School			
RELATIONSHIP					
Med. exam/coroner	Physician	Hosp. staff	Law enforcement	Neighbor	Relative
Social services	Public health	Mental health	X School staff	Other (specify) _____	
For use by Physicians only	MEDICAL DIAGNOSIS ON CHILD		SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD		(AREA CODE) TELEPHONE NO.
	Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		X		()
Actions taken or About to be taken	<input type="checkbox"/> Medical exam	<input type="checkbox"/> X-ray	<input type="checkbox"/> Removal/keeping	<input type="checkbox"/> Notify medical examiner/coroner	
	<input type="checkbox"/> Photographs	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Returning home	<input type="checkbox"/> Notified DA	
SIGNATURE OF PERSON MAKING THIS REPORT: X			TITLE Teacher		DATE SUBMITTED mo. day yr. 11 / 19 / 19

LDSS-2221A (Rev. 09/2016) ATTACHMENT

STAPLE TO LDSS-2221A (IF NEEDED)

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE 11 / 18 / 2019	CASE ID	CALL ID 32848956
TIME 3 :48 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING
THIS REPORT:

Kelli Wilson & Katelyn Boyle

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. In the past CPS has been called numerous times regarding Michael Valva and Angelina Polina regarding the concern for Anthony & Thomas' care and overall well-being. The boys now in grade 3 (Thomas) and grade 4 (Anthony) both have IEPs and both receive special educational services. The boys arrived at school on Monday, November 19th and it was observed by their classroom teachers that the boys had visible lacerations on their faces. Anthony had a cut next to his eye, and a bruise on the tip of his ear. Thomas had a laceration on his forehead. Anthony was asked about the cut on his face to which he replied "I was playing football with my brother. I was hurt playing football with my brother." At school, the two boys do not acknowledge each other when passing in the hallway or at any other time during the day. The two do not play together at school. The fact that the boys were playing together was not the norm. Thomas was then questioned regarding the cuts on their faces. He answered by saying "we were playing too rough and we got what we deserved, we were hurt playing football on the grass." An e-mail was sent to Mr. Valva from Thomas' teacher, Mrs. Wilson to ask about the injuries. Mr. Valva responded saying that "the boys were playing tackle football and it got too rough." The school principal followed up with a phone call regarding behaviors and inquired about the boys' faces. Mr. Valva responded and said, "the boys were playing on concrete and got hurt." The setting of the story changed multiple times, and the boys were visibly uncomfortable when speaking about how their faces were hurt. Malnutrition is also a concern of the classroom teachers. The boys come to school with varying numbers of snacks, from 2-3 per day. They are both always asking for more food, trying to sneak food, hide food, and eat every last crumb and morsel of food given to them. They are clearly very frail and fragile and much smaller in comparison to their younger brother in first grade, and their live-in sister Gia in second grade. When checked daily, the boys' lunchboxes contain different amounts of snacks than their younger brother Andrew Valva or live-in sister Gia Cali. The children are treated differently and are given different amounts of food than the other children in the home. An e-mail regarding the CPS visit to the Valva home is attached to this narrative, from Mr. Valva to the school district.

(If known, give time/date of alleged incident)

MO
DAY
YRTime : ☐ AM ☐ PM



